MARIAN FRANCISCAN CENTER-FDD 9632 WEST APPLETON AVENUE

| MILWAUKEE 53225 Phone: (414) 461-885 | 0 | Ownership: | Nonprofit Church |
|---|-------|-----------------------------------|------------------|
| Operated from 1/1 To 12/31 Days of Operation | : 365 | Highest Level License: | FDDs |
| Operate in Conjunction with Hospital? | Yes | Operate in Conjunction with CBRF? | No |
| Number of Beds Set Up and Staffed (12/31/03): | 52 | Title 18 (Medicare) Certified? | No |
| Total Licensed Bed Capacity (12/31/03): | 52 | Title 19 (Medicaid) Certified? | Yes |
| Number of Residents on 12/31/03: | 44 | Average Daily Census: | 58 |
| *********** | ***** | ******* | ********* |

| Services Provided to Non-Residents | | Age, Gender, and Primary Di | agnosis | of Residents | (12/31/03) | Length of Stay (12/31/03) | 응 |
|------------------------------------|-----|-----------------------------|---------|--------------|------------|---------------------------------------|--------|
| Home Health Care | No | Primary Diagnosis | 용 | Age Groups | 용 | | 2.3 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | 20.5 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 100.0 | Under 65 | 90.9 | • | 77.3 |
| Day Services | No | Mental Illness (Org./Psy) | 0.0 | 65 - 74 | 0.0 | | |
| Respite Care | Yes | Mental Illness (Other) | 0.0 | 75 - 84 | 4.5 | | 100.0 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 4.5 | * * * * * * * * * * * * * * * * * * * | ****** |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 0.0 | 95 & Over | 0.0 | Full-Time Equivalent | |
| Congregate Meals | No | Cancer | 0.0 | | | Nursing Staff per 100 Res | idents |
| Home Delivered Meals | No | Fractures | 0.0 | | 100.0 | (12/31/03) | |
| Other Meals | No | Cardiovascular | 0.0 | 65 & Over | 9.1 | | |
| Transportation | No | Cerebrovascular | 0.0 | | | RNs | 6.8 |
| Referral Service | No | Diabetes | 0.0 | Gender | 용 | LPNs | 4.5 |
| Other Services | No | Respiratory | 0.0 | | | Nursing Assistants, | |
| Provide Day Programming for | | Other Medical Conditions | 0.0 | Male | 31.8 | Aides, & Orderlies | 51.5 |
| Mentally Ill | No | | | Female | 68.2 | I | |
| Provide Day Programming for | | | 100.0 | | | I | |
| Developmentally Disabled | Yes | | | l | 100.0 | | |

Method of Reimbursement

| | | edicare itle 18 | | | edicaid itle 19 | | | Other | | P | rivate Pay | | | Family Care | | | anaged Care | | | |
|--------------------|------|--------------------|---------------------|-----|--------------------|---------------------|-----|-------|---------------------|-----|---------------|---------------------|-----|----------------|---------------------|-----|----------------|---------------------|-------------------------|-------|
| Level of Care | No. | % | Per Diem (\$) | No. | olo | Per Diem (\$) | No. | olo | Per Diem (\$) | No. | olo | Per Diem (\$) | No. | olo | Per Diem (\$) | No. | 0/0 | Per Diem (\$) | Total Resi- dents | - Of |
| Int. Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Intermediate | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Limited Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Personal Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Residential Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Disabled | | | | 42 | 100.0 | 214 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 2 | 100.0 | 217 | 0 | 0.0 | 0 | 44 | 100.0 |
| Traumatic Brain In | j 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Depende | nt O | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 0 | 0.0 | | 42 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 2 | 100.0 | | 0 | 0.0 | | 44 | 100.0 |

THATTAL TRANSPORT CENTER 155

| Admissions, Discharges, and Deaths During Reporting Period | | Percent Distribution | n of Residents' | Condit | ions, Services, an | d Activities as of 12 | /31/03 |
|--|--------|----------------------|-----------------|--------|--------------------|-----------------------|-----------|
| beating burning Reporting Period | | | | | % Needing | | Total |
| ercent Admissions from: | | Activities of | 용 | As | sistance of | % Totally | Number of |
| Private Home/No Home Health | 0.0 | Daily Living (ADL) | Independent | One | Or Two Staff | Dependent | Residents |
| Private Home/With Home Health | 0.0 | Bathing | 6.8 | | 29.5 | 63.6 | 44 |
| Other Nursing Homes | 33.3 | Dressing | 15.9 | | 25.0 | 59.1 | 44 |
| Acute Care Hospitals | 66.7 | Transferring | 31.8 | | 36.4 | 31.8 | 44 |
| Psych. HospMR/DD Facilities | 0.0 | Toilet Use | 25.0 | | 18.2 | 56.8 | 44 |
| Rehabilitation Hospitals | 0.0 | Eating | 45.5 | | 9.1 | 45.5 | 44 |
| Other Locations | 0.0 | ***** | ***** | ***** | ***** | ****** | ***** |
| otal Number of Admissions | 3 | Continence | | 용 | Special Treatmen | ts | 용 |
| ercent Discharges To: | 1 | Indwelling Or Extern | nal Catheter | 0.0 | Receiving Resp | iratory Care | 0.0 |
| Private Home/No Home Health | 5.0 | Occ/Freq. Incontine | nt of Bladder | 70.5 | Receiving Trac | heostomy Care | 0.0 |
| Private Home/With Home Health | 0.0 | Occ/Freq. Incontine | nt of Bowel | 70.5 | Receiving Suct | | 0.0 |
| Other Nursing Homes | 55.0 | - | | | Receiving Osto | my Care | 0.0 |
| Acute Care Hospitals | 5.0 | Mobility | | | Receiving Tube | Feeding | 11.4 |
| Psych. HospMR/DD Facilities | 0.0 | Physically Restraine | ed | 0.0 | Receiving Mech | anically Altered Diet | s 68.2 |
| Rehabilitation Hospitals | 0.0 | | | | 3 | - | |
| Other Locations | 20.0 i | Skin Care | | | Other Resident C | haracteristics | |
| Deaths | 15.0 i | With Pressure Sores | | 2.3 | Have Advance D | irectives | 100.0 |
| otal Number of Discharges | i | With Rashes | | 0.0 | Medications | | |
| (Including Deaths) | 20 i | | | | Receiving Psyc | hoactive Drugs | 68.2 |

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

| | This Facility | | | | All ilties |
|--|------------------|------|-------|-------|---------------|
| | 8 | 8 | Ratio | 용 | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 96.4 | 89.6 | 1.08 | 87.4 | 1.10 |
| Current Residents from In-County | 95.5 | 33.5 | 2.85 | 76.7 | 1.24 |
| Admissions from In-County, Still Residing | 33.3 | 11.3 | 2.95 | 19.6 | 1.70 |
| Admissions/Average Daily Census | 5.2 | 21.3 | 0.24 | 141.3 | 0.04 |
| Discharges/Average Daily Census | 34.5 | 25.0 | 1.38 | 142.5 | 0.24 |
| Discharges To Private Residence/Average Daily Census | 1.7 | 11.4 | 0.15 | 61.6 | 0.03 |
| Residents Receiving Skilled Care | 0.0 | 0.0 | 0.00 | 88.1 | 0.00 |
| Residents Aged 65 and Older | 9.1 | 15.3 | 0.59 | 87.8 | 0.10 |
| Title 19 (Medicaid) Funded Residents | 95.5 | 99.3 | 0.96 | 65.9 | 1.45 |
| Private Pay Funded Residents | 0.0 | 0.5 | 0.00 | 21.0 | 0.00 |
| Developmentally Disabled Residents | 100.0 | 99.4 | 1.01 | 6.5 | 15.40 |
| Mentally Ill Residents | 0.0 | 0.3 | 0.00 | 33.6 | 0.00 |
| General Medical Service Residents | 0.0 | 0.3 | 0.00 | 20.6 | 0.00 |
| Impaired ADL (Mean) * | 63.6 | 53.1 | 1.20 | 49.4 | 1.29 |
| Psychological Problems | 68.2 | 50.1 | 1.36 | 57.4 | 1.19 |
| Nursing Care Required (Mean) * | 10.2 | 11.0 | 0.93 | 7.3 | 1.40 |
